COMMUNITIES WORKING TOGETHER: ALCOHOL AND DRUG ABUSE IN SASKATCHEWAN

Saskatchewan Alcohol and Drug Abuse
Advisory Council
Report to the Minister
2001 - 2002

June 2003

103-07268/

IN MEMORIAM

MR. ANGUS CAMPBELL, C.M., S.O.M
August 12, 1917 – March 22, 2002
Served on Council 1994-2002

Born in 1917 in Swift Current, Mr. Angus Campbell has played a key role in education and rehabilitation in the field of alcohol and drug abuse and has been instrumental in raising public awareness of the problem of chemical dependencies. He began his career in 1955 as the first counsellor in the Saskatchewan Bureau on Alcoholism, doing pioneer work in research and public education on alcohol dependency. In 1959, after graduating from the Yale School of Alcohol Studies, Mr. Campbell became supervisor of the Bureau's first counselling and referral centre in Regina. He also founded the Saskatoon Alcoholism Society, which led to the establishment of the multidiscipline, in-patient Calder Centre. Mr. Campbell was the first director of the centre from 1967 to 1975, designing and administering its programs and helping industry develop alcoholism programs in the workplace. In 1976 the Moose Jaw District Alcoholism Society named their intervention and recovery facility the Angus Campbell Centre in his honour.

From 1975 until retirement in 1983, Mr. Campbell was Director of Community Services with the Alcoholism Commission of Saskatchewan. From 1980 to 1993 he served as Chairperson of the St. Louis Alcoholism Rehabilitation Centre, the first treatment facility in Canada for those convicted of impaired driving. In 1993 Mr. Campbell published a history of Saskatchewan's alcohol rehabilitation efforts called *The Grand Vision*. He was awarded the medallion of distinction by the Canadian Centre on Substance Abuse, and received the Canada 125 Commemorative Medal. In 1997 he was awarded the Saskatchewan Order of Merit medal. Mr. Campbell was awarded the Order of Canada in 1998. Angus served on the Alcohol and Drug Abuse Advisory Council (ADAAC) from 1994-2002. His expertise in the addictions field was invaluable to the Council. Mr Campbell was one of the original members appointed to ADAAC. He was invited to stay as an honorary member for as long as he wished.

Angus passed away peacefully at Penticton Regional Hospital with his family at his side. His loving wife Flora and three sons Robert, Duncan and Colin survive him.

LETTER FROM THE CHAIR

April 2003

Honourable John T. Nilson, Q.C.
Minister of Health
Legislative Building
REGINA SK S4S 0B3

Dear Minister Nilson:

On behalf of the Alcohol and Drug Abuse Advisory Council (ADAAC), I am pleased to present the 2001-2002 Annual Report for your consideration. This year's report is dedicated to Angus Campbell, a valued colleague and good friend who passed away in March 2002.

The title of this report, *Communities Working Together: Alcohol and Drug Abuse in Saskatchewan*, speaks to the Council's continued commitment to involving government, Regional Health Authorities and other partners to address the significant health and social issues related to alcohol and drug abuse.

In accordance with ADAAC's Terms of Reference, this report covers activities of Council for the fiscal year ending March 31, 2002. It includes information on alcohol and drug topics of particular interest to Council and proposed priority areas for the 2002-2003 year.

Respectfully,

Rick Peters, Chairperson
Alcohol and Drug Abuse Advisory Council

COMMUNITIES WORKING TOGETHER:
ALCOHOL AND DRUG ABUSE IN SASKATCHEWAN
SASKATCHEWAN ALCOHOL AND DRUG ABUSE ADVISORY COUNCIL
REPORT TO THE MINISTER

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http://www.health.gov.sk.ca/

INTRODUCTION

This is the eighth Annual Report of the Alcohol and Drug Abuse Advisory Council (ADAAC) since its beginning in 1994. The following report describes the activities and composition of the Alcohol and Drug Abuse Advisory Council for 2001-2002.

MAINTAINING COMMUNITY LINKS

The Saskatchewan Alcohol and Drug Abuse Advisory Council remains committed to examining issues related to alcohol and drug programs and policy in the Province of Saskatchewan. During the 2001-2002 year, Council had the opportunity to create linkages and share information with the organizations listed below.

Saskatchewan Mental Health Advisory Council (MHAC)

The Alcohol and Drug Abuse Advisory Council maintains a strong partnership with MHAC. The two Councils meet jointly once a year to strengthen both relationships and opportunities to work together. ADAAC endorsed the recommendations that were given through the Minister of Health in the *Recommendations to the Government of Saskatchewan to Address Aboriginal Mental Issues* report. On March 18 2002, Rick Peters, the Chair of ADAAC, and Dave Elliot, the Chair of MHAC, presented a paper on concurrent disorders to the Saskatchewan Association of Health Organizations (SAHO). The text of the presentation can be found in Appendix E.

Saskatoon Council on Aging

ADAAC is actively committed to better understanding the alcohol and drug abuse issues among seniors. A presentation by Mr. Ron Hunter from the Saskatoon Council on Aging helped gain understanding on seniors issues and programs.

Youth Detoxification Subcommittee

A presentation made to Council helped identify how the Youth Service Model promotes an integrated service delivery model that includes alcohol and drug services. The Youth Services Model is meant to improve the way service providers and government assist young people. The Youth Services Model is a provincial policy framework jointly developed by the Departments of Learning, Health, Justice and Social Services. It is consistent with the policy

objectives contained in the federal Youth Justice Strategy and will guide provincial implementation of the Youth Criminal Justice Act.

Tobacco Reduction Initiatives and The Tobacco Control Act

A representative from the Population Health Branch of Saskatchewan Health made a presentation to ADAAC to inform Council about the Province's tobacco reduction initiatives. There are various anti-smoking campaigns across the province targeting all ages. Council is strongly in support of the initiatives that discourage smoking with any age group and support the work being done in this area. On March 11, 2002, *The Tobacco Control Act* was introduced. The Act will impact a number of residential facilities, including alcohol and drug facilities.

Site Visit to Regina Alcohol and Drug Services

Council was able to gain valuable insight by touring and discussing services provided by the Regina Health District Alcohol and Drug services.

Presentation of KidsFirst Program

A representative from Saskatchewan Health, Early Childhood Development Unit provided an overview of the provincial KidsFirst Program.

Alcohol and Drug Services Provincial Working Group (PWG)

Members of the PWG provided information about their work to Council including the Terms of Reference, recent activities and priority areas. Priority initiatives include methadone and the addiction needs of offenders. The purpose of the PWG is to support the enhancement of clinical practice through the development of clinical programs/standards for alcohol and drug services on a province-wide basis.

Site Visit to Larson House Detox Centre

The Council visited Larson House in Saskatoon to gain an understanding of how treatment centres provide detoxification services. The visit was followed by a presentation of the services offered to both inpatient and outpatient clients.

PRIORITY ISSUES

Throughout 2001-2002, ADAAC deliberated on a number of important issues related to the planning and delivery of alcohol and drug services in Saskatchewan. Many of these issues were also identified as priority areas in last year's annual report, while others emerged as Council performed its role.

Concurrent Disorders

A joint subcommittee was formed with the Mental Health Advisory Council (MHAC) to examine concurrent disorders and treatment issues. The presentation to SAHO was very well received and provided momentum among the newly forming Regional Health Authorities to address this issue further. Council will continue to monitor progress.

Substance Abuse and Seniors

Understanding the issues related to substance abuse and the senior population is a high priority for ADAAC. Council is planning to meet with the Provincial Committee of Older Persons (PACOP) to study and present recommendations to the Minister of Health on this issue.

Child and Youth Issues

Child and youth issues appear regularly on the agenda of ADAAC meetings and are a priority in the planning and delivery of alcohol and drug services. Council is concerned about the availability of programs such as the KidsFirst Program and other initiatives that support the healthy development of children and youth.

Addiction Needs of Offenders

Treatment issues for incarcerated individuals were a point of discussion for Council over the last year. Council discussed the results of an environmental scan on addiction services in provincial and federal correction facilities. Future meetings are planned to bring speakers in to examine the issues more closely.

Complex Care Needs

Council recognizes that many individuals have complex needs that require a variety of services and treatment options. Creating awareness and providing the Minister of Health with advice on how to deal with these complex care issues is a priority for ADAAC.

First Nations and Métis Treatment

Council continues to consider the unique treatment needs of First Nations and Métis people. ADAAC expressed concern and would like to work towards a solution in addressing the problem of multiple prescriptions and alcohol abuse over the long term.

Youth Treatment

Council discussed gaps in service related to youth treatment. Council continues to deliberate on the approach that best meet the needs of young people accessing alcohol and drug abuse treatment services.

PROVIDING SERVICES TO YOUTH

On January 16, 2003 Dr. Joe Kluger, Mental Health Consultant, Community Care Branch, Saskatchewan Health, provided background information on the Youth Services Model. Following the presentation, Council discussed how the Youth Services Model could impact alcohol and drug services in Saskatchewan.

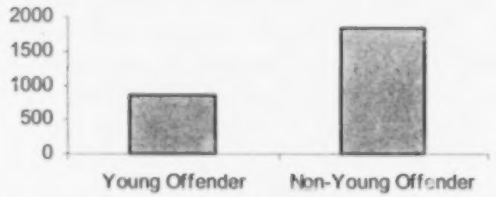
Provincial Youth Services Model

The Youth Services Model is a provincial policy framework developed by the Departments of Education, Health, Justice and Social Services. The model is a guide for all agencies providing services to youth and sets out to improve the way youth who offend or are at-risk to offend are dealt with.

The Youth Criminal Justice Act will be proclaimed by Parliament and passed into law in April 2003. The Act will have wide-ranging implications for youth services at a national and provincial level.

ADAAC is concerned about the potential increase in requests for court ordered assessments as a result of both the Youth Services Model and the implementation of *The Youth Criminal Justice Act*. The high number of young offender court referrals to alcohol and drug services needs to be addressed as it is expected there will be an increase in referrals while having the same number of addiction workers available in the province. Council is concerned that the number of outpatient, inpatient and outreach programs available will not be able to meet the current or future demands placed on it by young offender referrals.

Youth Admitted to Alcohol and Drug Services 2001-2002



In 2001-2002 approximately 13% of admissions to alcohol and drug services were for youth aged 12-18 (2,696 out of total admissions of 20,796). Of these approximately 32% or 863 were young offenders. Increasing the number of young offenders requiring service referrals have implications for overall programming and the impact to provide other services within the community, such as public awareness and education.

APPENDIX A - COUNCIL MEMBERSHIP

Richard Peters (Chair)

Mr. Peters is currently the Co-ordinator of Addiction Services for the Kelsey Trail Regional Health Authority (former North Central Health District) and is responsible for alcohol and drug services, problem gambling counselling and tobacco demand reduction programs. Prior to his employment with the Health District, Mr. Peters was the Director of the Addiction Counselling Unit at the Melfort Hospital.

Joan Brooks

Ms. Joan Brooks is an Instructor at the Faculty of Chemical Dependency Program at SIAST Woodland Campus in Prince Albert. She has been a Training Consultant, a Case Management Officer with Corrections Canada, and a Research Officer with the Department of Northern Saskatchewan, Economic Development, as well as an elementary and high school teacher. Ms. Brooks is a member of the Addictions Intervention Association and the Saskatchewan Life Skills Association. She has a Bachelor of Education, and is working towards a Masters degree in research Psychology.

Peter Butt

Dr. Peter Butt is currently the Director, Division of Northern Medical Services and Associate Professor with the Department of Family Medicine at the University of Saskatchewan. Dr. Butt is well informed with respect to alcohol and drug abuse issues. He completed a certified course on Community Addiction and Advanced Counsellor Training from the Nechi Institute on Alcohol and Drug Education. In addition, Dr. Butt has lectured on Alcohol Risk Assessment and Intervention and served as a member on the National Alcohol Risk Assessment and Intervention Task Force of the College of Family Physicians of Canada. His clinical practise includes the treatment of Opiate dependency.

Anita Hopfauf

Ms. Anita Hopfauf is currently Provincial Co-ordinator of a Public Awareness/Education program with the Schizophrenia Society of Saskatchewan. At this time there are Partnership Programs operating in both Regina and Saskatoon. She has been a Family Support Worker in the field of child protection with a program at Social Services in Saskatoon, with the Riel Local Parent Aide Program in Regina, and has served as a representative of a Teen Parent Network. Ms. Hopfauf has a Bachelor of Arts in Psychology and has a Certificate in Drugs/Alcohol-Family Violence Issues. Most recently she has attended numerous conferences and workshops related to mental health and concurrent disorders. The Partnership Program was recently involved in making a film called *Schizophrenia: Youth's Greatest Disabler.*

Philip Durocher

Mr. Phillip Durocher is currently the Executive Director of the Ile-A-La-Crosse Friendship Centre. He is Vice-chair for the Aboriginal Friendship Centres of Saskatchewan, Vice-chair to the National Aboriginal Headstart Committee, and a member of the Keewatin Yatthé District Health Board. Mr. Durocher has a strong understanding of Aboriginal culture, values and traditions, and has experience in management of community-based programs, financial management, program development and evaluation.

Roger Morin

Mr. Roger Morin is a Corrections Worker employed by Saskatchewan Justice at North East Corrections in La Ronge. He has been alcohol and drug free for 11 years.
Mr. Morin attended the Saskatoon Correctional College where he became a certified Corrections Worker; he is a journeyman plumber and has attended numerous short courses on co-dependency, interviewing, counselling and communications skills, holistic healing, reality therapy, and intervention. He is of Métis ancestry, a respected elder, and pipe carrier. He is an assistant facilitator for the Mamawetan Churchill River Health District New Trials Program, and is in the process of establishing a community residential facility for the federally sentenced northern men on conditional release in the La Ronge district. Mr. Morin is a member of the Métis Society of Saskatchewan (also sits on the Advisory Committee for this association), and MACSI (for the northern region).

Dianne Nielson

Ms. Dianne Nielsen is currently the Executive Director of the Prince Albert Council on Alcohol and Drug Abuse (PACADA). She is also a sessional instructor for the University of Regina Social Work program. Her past experience includes working as a substance abuse counsellor with federal correctional services. Dianne is currently a member of the Prince Albert Methadone Steering Committee. She is also involved with other community committees, including the Prince Albert FAS Task Force. Her academic background includes a Bachelor of Social Work, Alcohol and Chemical Dependency Studies Certificate, and Certificate in Reality Therapy.

Greg Pauli

Mr. Greg Pauli is currently the Manager of Adult Programs with the Calder Treatment Centre. His past experiences include being an outpatient Addictions Counsellor for the Greenhead Health District, resource person for the Provincial Program Support Unit, working with youth as a Substance Abuse Counsellor at the Whitespruce Youth Treatment Centre, and is past Chairperson of the Saskatchewan Association of Chemical Dependency Workers. Mr.Pauli's academic background includes a Bachelor of Arts Advanced in Sociology and Youth Care Worker Certificate.

Lori Postnikoff

Ms. Lori Postnikoff is currently a Field Officer for the Saskatchewan Pharmaceutical Association. She is responsible for administering, interpreting and educating Saskatchewan pharmacists on the Saskatchewan Pharmacy Act and Bylaws, as well as relevant and pertinent federal legislation.

In 1994-1995 Ms. Postnikoff was a member of the Saskatchewan Alcohol and Drug Abuse Council Harm Reduction Partnership and assisted with drafting new methadone guidelines for Saskatchewan. She has worked closely with the Saskatoon City Police and the Saskatchewan RCMP to identify trends in the prescribing of prescription drug products and the channelling of prescription drug products to the illicit drug market. Her academic background includes a Bachelor of Science in Pharmacy. In addition, Ms. Postnikoff was involved in submitting a position paper on Ritalin.

Lyn Rhode

Ms. Lyn Rhode, a Pharmacist, is the co-owner of Price Watchers - Hewgill's Drug Store in Saskatoon. She graduated from the University of Saskatchewan in 1966 with a Bachelor of Science in Pharmacy. Ms. Rhode has been a member of the Saskatchewan Pharmaceutical Association in a variety of capacities and is currently a member of its Insurance and Registration and Licensing Polices Committees. In her practice she has considerable experience with people who abuse and misuse drugs. Because of her interest in this area she has implemented many innovative practices to deal with these individuals. An example is that she instigated the special compensation program for pharmacists providing methadone services. Her pharmacy is the largest provider in Saskatoon and area under the Methadone Maintenance Program. Although no longer involved, Ms Rhode has spent many hours volunteering her time in various community groups.

Marion Rieger

Ms. Marion Rieger has over twenty years experience in the helping profession and has worked in the substance abuse field for more than seventeen years in a staff and professional development capacity. She retired in December 1999 after five years as Executive Director of the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). Currently she instructs part time in the Nursing Education Program of Saskatchewan (NEPS). Prior to her position with RPNAS, Ms. Rieger was an Education and Extension Co-ordinator with the provincial government and SADAC.
Ms. Rieger's academic background includes a Bachelor of Arts, Registered Psychiatric Nurse, Reality Therapy Certificate, and Master of Education in Educational Psychology.

Lillianne Sabiston

Ms. Lilliane Sabiston is a self-employed farm partner and co-owner of Sabiston's Wood Grain Products near Kelliher Saskatchewan. Her interests in promoting family farms and farm issues have led her to become involved in a variety of committees. Ms. Sabiston's concerns for the "Human Side of Agriculture" led her to currently serve as Chair of the Farm Stress Advisory Group for several years. Currently, she is also a board member of the Prairie Women's Health Centre of Excellence that involves much committee work. Recently, she has been asked to serve on the Family Farm Opportunities Initiative Advisory Group to the Minister of Agriculture.

Ms. Sabiston has served on the Touchwood – Qu'Appelle Health District Board for seven years. In the 1990's, she was appointed to the Board of Directors of the Carlton Trail Regional College. She also served as Chairperson of the Saskatchewan Women's Agricultural network (SWAN), Board of Directors and as a member of the Breast Cancer Action Saskatchewan (Steering Committee). Ms. Sabiston established valuable networks with her work in federal, provincial activities along with her local volunteer work. The various workshops and conferences she has attended over the years have given her valuable training.

Bonnie Sproat

Ms. Bonnie Sproat is an Addiction Counsellor and Community Developer with Addiction Services Outpatient, Saskatoon District Health. Her background includes a Bachelor of Arts from the University of Saskatchewan, a diploma in Chemical Dependency Counseling, and certification as a Life Skills Coach. She has co-authored several publications in her extensive work in health promotion research at the University of Saskatchewan.

Wilfred Whitehawk

Mr. Wilfred Whitehawk is an Addictions Specialist with the Yorkton Tribal Council. He has five years experience in the addictions field and has a certificate in Addictions Counselling.

APPENDIX B - SUMMARY OF EXPENDITURES

	1998-99	1999-00	2000-01	2001-02
Honorarium	$ 5,495	$ 5,143	$3,072	$ 7,113
Other Costs (e.g. travel/sustenance/ meetings)	7,301	6,737	6,113	$11,587
Out-of-Province Conferences				
Facilitator/Consultant Fees		1,509		
Duplication				74
Registration Fees/Misc. Business Exp.				1,745
Total Expenses	$12,796	$13,389	$9,185	$20,519

APPENDIX C - TERMS OF REFERENCE

The Saskatchewan Minister of Health established the Alcohol and Drug Abuse Advisory Council through a Minister's Order in 1994.

The Alcohol and Drug Abuse Advisory Council advises the Minister of Health, Saskatchewan Health and the Community Care Branch on policies, programs and priorities aimed at meeting the needs of the people of Saskatchewan related to health promotion, prevention, intervention and the treatment of alcohol and drug abuse.

Tasks

The Council will meet three to four times a year, at least two of which will include the Minister, to undertake the following:

Policy Issues

Recommend policies which:

- promote healthy attitudes and behaviour regarding alcohol and drug use;
- promote greater community awareness of alcohol and other drug issues;
- promote greater community action to reduce alcohol and other drug abuse;
- assist in intervening in the harmful or hazardous use and the abuse of alcohol and other drugs through prevention, intervention and recovery services;
- assist chemically dependent persons to change their behaviour through the process of recovery; and
- address the needs of specific target groups such as youth, women and aboriginal people.

Planning Activities

- Recommend strategies to identified needs, concerns and issues related to alcohol and drug abuse in Saskatchewan.
- Identify unmet or emerging needs and recommend initiatives to take advantage of new or existing opportunities.
- Contribute to the development of strategic ideas and suggestions for Alcohol and Drug Services.

Evaluation

- Prepare annual reports on the activities of the Alcohol and Drug Abuse Advisory Council.
- Review progress toward meeting established objectives.

Composition of the Council

The Alcohol and Drug Abuse Advisory Council will have up to 14 members. A designated manager from the Community Care Branch of Saskatchewan Health will attend all meetings in an ex-officio capacity. The goal is to seek a representative number of persons who will effectively represent the interests of individuals and families who experience alcohol and drug abuse problems.

Membership is to be based on the following:

- one representative from Regina,
- one representative from Saskatoon,
- three representatives, selected from areas outside Regina and Saskatoon,
- two northern representatives, selected from within Northern Health Services boundaries;
- up to two members-at-large who are able to represent consumers, or family members,
- up to four health professionals with expertise in various areas of alcohol and drug abuse services,

Nomination, Appointment and Organization

Any person or agency can nominate another person for a position on Council. All nominations for the provincial body shall be submitted to Saskatchewan Health. The Minister of Health will make the appointments.

- Members are appointed for three-year terms. Members are eligible to serve for two consecutive three-year terms.

- The Minister of Health will appoint a chairperson from the members of the Council to serve a one-year term. No person shall remain in the chair for more than three consecutive years.

Resources

Council members shall be provided with an honorarium for Council meetings at a rate approved by the Government of Saskatchewan. Travel and sustenance costs are to be reimbursed at the current government rates.

A Saskatchewan Health Manager, in his/her ex-officio capacity, or designate, will attend all meetings to provide expert advice and is responsible for maintenance of records and ensuring secretariat functions are provided to assist in the effective functioning of the Council.

Reporting

The Alcohol and Drug Abuse Advisory Council will provide to the Minister of Health a report of its business for the preceding fiscal year by June 30th of each year. The Council may provide other reports and studies it undertakes at any time during the year.

The Council will respect the confidentiality of the information that is provided.

APPENDIX D - PRESENTATION GUIDELINES FOR COMMUNITY INTEREST GROUPS

Individuals and groups may request time at ADAAC meetings to make either verbal or written presentations to the Council. These presentations provide an opportunity for interest groups and individuals to bring issues before ADAAC and for the Council to receive information/education regarding specific issues.

Written Presentations

Send your written request and presentation outline to:

Karen Gibbons
Director, Program Support
Community Care Branch
Saskatchewan Health
3475 Albert Street
REGINA SK S4S 6X6

Telephone: (306) 787-5020
Fax: (306) 787-7095

Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. An ADAAC response will be provided within forty-five (45) days of presentation.

Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters' involvement with the issue, and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Verbal Presentations

As in Written Presentations.

Applicants will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.

Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council, and allow ten (10) minutes for questions, for a total of twenty (20) minutes.

APPENDIX E - ADAAC AND MHAC PRESENTATION TO SAHO

Working Together:
The Vision for Mental Health and Alcohol and Drug Programs in Saskatchewan

Slide 1

Introductions

- Dave Elliot, Chairperson of the Saskatchewan Mental Health Advisory Council (MHAC)
- Richard Peters, Chairperson of the Saskatchewan Alcohol and Drug Abuse Advisory Council

Slide 2

The Role of the Saskatchewan Mental Health Advisory Council and the Saskatchewan Alcohol and Drug Abuse Advisory Council

- To advise the Minister of Health and the Community Care Branch on policies, programs and priorities aimed at meeting the mental health and addiction needs of the people of Saskatchewan.

Slide 3

The Cost of Substance Abuse in Canada

- More than $18.45 billion in Canada in 1992.
- The number of hospitalisations due to substance abuse represent 8.5% of total hospitalisations and 10% of total days spent in the hospital.
- Each dollar spent on the treatment of addiction saves $7 in legal and social costs.

Source: Cost of Substance Abuse in Canada

Slide 4

The Cost of Mental Illness in Canada

- Nine percent of health budgets are spent on mental illness.
- Depression alone costs the Canadian economy more than $12 billion dollars per year.
- Schizophrenia requires a greater use of hospital beds than any other medical or surgical condition in Canada.

Slide 5

Concurrent Disorders

- Refers to those individuals who are experiencing a combination of mental/emotion/psychiatric problems with the abuse of alcohol and/or other psychoactive drugs.

Source: Health Canada

Slide 6

Prelavence of Concurrent Disorders

- One in three Canadians will suffer from an addiction or mental illness in their lifetime.
- Psychiatric patients are more than twice as likely to suffer from drug or alcohol abuse than the general population.
- An Ontario study found that 55% of those with a lifetime alcohol diagnosis also had a lifetime mental health diagnosis.

Slide 7

Historical Separation

- Mental Illness
- Alcoholics
- Drug Addiction
- Institutions
- Specialized Treatment
- Corrections System

Slide 8

Philosophical and Clinical Barriers to Integrated Treatment

Addictions	Mental Health
➢ Peer Counselling Model	➢ Medical Professional Model
➢ Spiritual Recovery	➢ Scientific Treatment
➢ Self Help	➢ Medication
➢ Confrontation and Expectation	➢ Individualized Support and Flexibility
➢ Detachment/ empowerment	➢ Case Management Care

Source: K. Minkoff

Slide 9

Philosophical and Clinical Barriers continued ...

Addictions	Mental Health
➢ Episodic treatment	➢ Continuity of Responsibility
➢ Recovery Ideology	➢ Deinstitutionalization Ideology
➢ Psychopathology is secondary to addiction	➢ Substance abuse is secondary to psychopathology

Slide 10

System Similarities

- Bio-psychosocial model for mental health and substance abuse.
- Acceptance of the need for a continuum of care which values many types of services.
- The role of self help organizations.
- The significant role of stigma.

Slide 11

System Similarities continued ...

- The relationship between mental illness and addictions to the correctional system.
- The potential for common outcome indicators and other performance measures.
- Increasing recognition of the overlap in the population needing help.

Slide 12

Definition of System Integration

- The development of enduring linkages between service providers or treatment units within a system or across multiple systems to ensure that consumers receive a consistent approach to:
  - illness and/or problems
  - and a plan for treatment

Slide 13

Concurrent Disorder: Case Study

- Male
- Divorced
- Reports feeling down
- Referred by doctor
- Unemployed for the past six months
- Middle 40s
- Lives alone
- Heavy drinker
- Poor health
- Involvement with the Criminal Justice System

Slide 14

Present System Issues

- Severe stigma
- Need for additional support
- Need for continuity of care
- Recognition of dual problem
- Misdiagnosis
- Difficulty accessing the system

Slide 15

Issues continued ...

- Lack of training among professionals
- Poorly coordinated services
- Lack of cooperation among service providers
- Lack of resources

Slide 16

ADAAC and MHAC Joint Recommendations

- Policy
- Program Access
- Education
- Training
- Accountability
- Integrated Service Delivery

Slide 17

Recommendation #1

- The development of a policy to ensure that dually diagnosed people are served by both Alcohol and Drug Services and Mental Health Services.

Slide 18

Recommendation #2

- The development of a policy that clearly articulates that the discontinuation of medication prescribed by a physician is not a requirement for treatment.
- The policy must outline a process for reviewing an individual's medication with a psychiatrist/physician where there is a concern that the medication may interfere with the treatment process.

Slide 19

Recommendation #3

- Education resources become available and distributed to inform the public, mental health and addiction workers about the difference between psychoactive and psychotropic medications.
- Education for patients about their medication is key to stabilization and preventing relapse.

Slide 20

Recommendation #4

- Joint training should be provided to mental health and addiction workers regarding the management and treatment of people with a concurrent diagnosis of substance abuse and a mental disorder.

Slide 21

Recommendation #5

- Particular focus needs to be placed on young people between the ages of 15 and 24 who may experience a "first break" in mental health problems with only the occasional use of alcohol or drugs.

Slide 22

Recommendation #6

- Accountability – Saskatchewan Health needs to communicate standards of service for people with concurrent disorders clearly to District Health Board services, community based programs, physicans and the public. Provincially funded programs, physicians need to adhere to provincial policies and standards.

Slide 23

Recommendation #7

Toward developing an integrated services delivery model that should:

- be mental health and addiction programs work multidisciplinary in approach
- address mental health and addictions problems simultaneously
- provide a comprehensive integrated continuum of services.

Slide 24

Recommendation #7 continued ...

- provide for a comprehensive integrated assessment for individuals.
- address social issues impacting recovery (housing, food and employment).

Slide 25

System Integration should be expected to ...

- Increase system accountability.
- Enhance system ability to implement innovation and change, including implementation of best practices, treatment protocols and programs.
- Enhance capacity to monitor and improve performance of the service system.

Slide 26

Expectations continued ...

- Provide consumers with more timely and appropriate use of a full range of services.
- Increase retention/reduce dropouts.
- Increase continuity of care.
- Increase choice and satisfaction.

Slide 27

Battlefords Health District MH/ADS Collaboration

- Co-located
- Mutual respect
- Joint training
- Centralized intake
- Validation of each perspective
- Timely follow up
- Case conferencing

Slide 28

APPENDIX F - FEEDBACK

Let us know what you think about the 2001-2002 Annual Report!!

Please indicate your agreement or disagreement with each of the following statements about the Annual Report by checking the appropriate box.

1 = strongly disagree 2 = moderately disagree 3=neutral 4 = moderately agree 5 = strongly agree

The layout of the Annual Report was well planned and appeared to follow an orderly sequence.	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐
The information given in the Annual Report was useful in describing the important moments of the Saskatchewan Mental Health Advisory Council.	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐
The programs and terms described in the Annual Report were easily understandable.	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐

Do you have any other comments or suggestions about the Annual Report, or is there any other information you would like to see included in future reports? *(Please continue on reverse)*

_____

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Please forward to:
Terry Rushworth
Community Care Branch
Saskatchewan Health
3475 Albert Street
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